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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K31747

(4)

FILED Apr 28 1998 8:00am Secretary of State

RAUL I	LAGOS, M.D., P.A. De of Business GLER ST., SUITE 226	Mailing Address 8370 W FLAGLER STE 232 MIAMI FL 33144 US	ST SUITE 226		3. Date Incorporated or Quali	RITE IN THIS		
					08/25/1988			
	Place of Business	2a. Mailing Addres	SS		4. FEI Number			oplied For
Suite, Apt.	# etc	26 Suite, Apt. #. 6	uto.		65-0073871			ot Applicable
22	w, 610.	27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5. Certificate of Status Desire	d 🔉		Additional equired
City & Stat	le	City & State			6. Election Campaign Financi	na		May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes or hi	as paid the cu	rrent year In	tangible
24	25	29	30		Personal Property Tax due] No
	9. Name and Address of C	Current Registered Agent		aT Aires	10. Name and Address of Ne	w Registered	Agent	
	OGOS-ARMAS, RAUL		8	1 Name				
	70 W FLAGLER ST		8:	2 Street Addr	ress (P.O. Box Number is Not Acc	eptable)		
	NTE 226		8	 -				
ML	AMI FL 33144		ا ا	"				
			8-	4 City		Fi	85 Zip	Code
11. Pursuant office or i	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.1508, Florida State of Florida, Such change	Statutes, the abo was authorized t	ve-named corp by the corporat	poration submits this statement for tion's board of directors. I hereby	the purpose o	of changing i pointment as	registered
agent. I a	am familiar with, and accept the	obligations of, Section 607.05	(NOTE Registered A	98.	red when reinstating)	DATE		
egent. I a SIGNATURE	am familiar with, and accept the Signalure, typod or proteid name of registe OFFICE F	obligations of, Section 607.05 pred agent and bild if applicable RS AND DIRECTORS	(NOTE Registered A	98. gent signature requir		DATE	D DIRECTOR	S IN 12
agent. I a SIGNATURE 12. TITLE	Signalure, typod or printed name of registe OFFICER	obligations of, Section 607.05	(NOTE Registered A 13. TE 1.1 TITLE	98. geni signature requir	red when reinstating)	DATE		
egent. I a SIGNATURE 12. TITLE NAME	Signature, typed or prested name of registe OFFICER D LAGOS, RAUL MD	obligations of, Section 607.05 pred agent and bild if applicable RS AND DIRECTORS	(NOTE Registered A 13. TE 1.1 TITLE 1.2 NAMI	geni signature requir	red when reinstating)	DATE	D DIRECTOR	S IN 12
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egent. I a SIGNATURE 12. TITLE NAME	Signature, typiod or printed name of registe OFFICE P LAGOS, RAUL MD 9311 SW 123 AVE	obligations of, Section 607.05 pred agent and bild if applicable RS AND DIRECTORS	(NOTE Registered A 13. TE 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	gent signature requir ET ADDRESS \$1-ZIP	red when reinstating)	DATE	D DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typiod or printed name of registe OFFICE P LAGOS, RAUL MD 9311 SW 123 AVE	obligations of, Section 607.03 pred agent and title if applicable IS AND DIRECTORS	(NOTE Registered A 13. TE 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	pent signature requir	red when reinstating)	DATE	D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typiod or printed name of registe OFFICE P LAGOS, RAUL MD 9311 SW 123 AVE	obligations of, Section 607.03 pred agent and title if applicable IS AND DIRECTORS	(NOTE Registered A 13. TE 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY TE 2.1 TITLE 2.2 NAME	pent signature requir	red when reinstating)	DATE	D DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typiod or printed name of registe OFFICE P LAGOS, RAUL MD 9311 SW 123 AVE	obligations of, Section 607.03 pred agent and title if applicable IS AND DIRECTORS	(NOTE Registered A 13. TE 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY TE 2.1 TITLE 2.2 NAME	peni signature requir ET ADDRESS ST-ZIP ET ADDRESS	red when reinstating)	DATE	D DIRECTOR Change Change	RS IN 12 Addition Addition
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Thereby certify that the information supplied with this filling doos not quality for the exemption stated in section 119-07(5)(f), Florida Statutes. Internet certify that the information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under outly that fam an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or great an attachment with an address.

SIGNATURE:

goollung

CR2E034 (10/97)